



ND RYAN WHITE PROGRAM PART B REQUEST FOR EMERGENCY ASSISTANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 58588 (06-2018)

Applicant's Name	ND Ryan White Client Number
Date Application Completed	
Assistance Requested <input type="checkbox"/> Rent <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Gas Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Glasses <input type="checkbox"/> Other (explain) _____	
Action Plan & Client's Responsibilities _____ _____ _____ _____	
Time Period and Amount Requested _____ _____	
Progress Notes _____ _____ _____	
<p>Emergency Assistance is capped at \$2,000 per grant year. Clients may be eligible for additional assistance if their housing burden is considered not affordable, or if they are experiencing a temporary economic or medical crisis. Approval for assistance over the capped limit is based on available funding and must be approved by the RW Program Coordinator.</p> <p>Is this request for assistance over the \$2,000 cap? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the following sections and submit to the RW Program Coordinator for approval.</p> <p>How much Emergency Assistance has the client received this grant year? \$ _____</p>	
<p>Is the client receiving HOPWA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the client is not eligible for further Emergency Assistance.</p> <p>Has the client applied for HUD? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the client receiving HUD assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



Additional information is available at ndhealth.gov/HIV or
call the North Dakota Department of Health at **800.472.2180**



If No, please explain:

Housing Burden

Monthly rent and utilities: \$ _____

Monthly gross household income: \$ _____

Housing burden: (monthly rent and utilities/ monthly household income) x 100 = _____ %

Housing burden at or below 30% is considered affordable and client is not eligible for additional assistance based on housing burden.

Clients with housing burden above 30% of their income may receive emergency assistance for rent (up to the Fair Market Rent) based on available funding.

Emergency Assistance:

FMR*– (0.30 x monthly gross household income) = \$ _____

*To find the Fair Market Rent go to: <https://www.huduser.gov/portal/datasets/fmr.html>. Use the lower of the client's rent plus utilities or FMR.

Economic or Medical Crisis

Is the client experiencing any of the following?

- ☐ Loss of employment
☐ Medical disability or emergency
☐ Other (please specify):

Client Signature

Date

Case Manager Signature

Date

ND Ryan White Program Part B Coordinator Approval/Denial

☐ Approved ☐ Denied

RW Coordinator Signature

Date